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An

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W. S. H.

Acute Rheumatism.

By

Samuel A Houston.

Lancaster

Pennsylvania.

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Acute Rheumatism.

Rheumatism is a disease of frequent occurrence in the United States, owing to the various bluffs of the climate; although not a very dangerous disease, it is a very painful and troublesome complaint, and a person once affected by it, is ever after subject to it upon the slightest exposure.

Rheumatism is placed among the Phlegmasia by Cullen; and among the diseases of the muscular system by Professor Chapman.

Rheumatism is an inflammatory affection, and has been divided into acute and chronic.

It is called acute, when the inflammation and fever exist in a high degree; and chronic, when there is no great degree either of inflammation or fever, but merely pain.

Professor Chapman says, perhaps it would be right not to divide them into two diseases, but merely to consider them as a different variety.

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This is a disease very common in cold climates, but seldom occurs in warm climates.

It more frequently appears in Spring and autumn, than in summer or winter. Acute Rheumatism more frequently attacks the middle aged, and seldom, very old persons or young children.

The predisposing causes of rheumatism are, whatever produces weakness about the fibrous tissue of the joints, as luxations, sprains &c.

It is also said to be hereditary, and attacks with most certainty, those children, who in personal appearance most resembled those ancestors, who had the disease. The exciting causes are, changes of weather from hot to cold, or moist damp weather; wearing wet clothes, lying or sleeping on damp ground, exposure to cold air after

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It appears to be primarily situated in the ligaments, tendons, and aponeurotic expansions.

Rheumatism attacks in a variety of forms: it mostly affects the large joints, as the hip, knee and shoulder; but it also attacks the head, heart sides, stomach, lungs, back, skin &c

The acute form of rheumatism as it generally happens, comes on with languor, rigors, succeeded by heat, thirst, a full hard pulse, the tongue at first white, then furred; the stomach is not much affected, but the bowels are costive; there is a scanty secretion of urine, at first pale, but afterwards becomes high coloured, and deposits a lateritious sediment, which does not always prove critical; at the same time excruciating pains are felt in different parts, particularly in the large joints: frequently the pain precedes the fever but one never lasts long without the other. When there is no pyrexia, the pain

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is generally confined to one particular part; when there is considerable fever, more than one part is generally affected with pain. The face is flushed, but in general, there is little or no tendency to headach or delirium.

Sometimes in the early stage of the disease diaphoresis occurs; but it seldom proves salutary or critical: and what is singular, the pained limb sometimes remains dry, while the other parts of the body are covered with perspiration. Towards evening there is an exacerbation of the fever and pain, which are very violent during the night.

The joints which are affected become red and swelled; and it seldom happens, that the swelling does not alleviate the pain.

When the pyrexia abates, which it generally does in ten days or two weeks, if the pain should continue, it is seldom so severe, and is for the most part confined to one of the large

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There is something peculiar in the progress of rheumatism; although considered as a case of genuine phlegmasia, it never terminates in suppuration or the other terminations of phlegmonic inflammation, except in resolution, or effusion of serum into the tendinous sheaths, which is generally after a short time absorbed.

Professor Chapman says, it has none of the genuine characteristics of phlegmonic inflammation, and that in his whole practice, he had never seen but one or two cases terminate in suppuration. Dr Caldwell says, it is as much a nature sui generis, and as specifically different from every other kind of inflammation, as that of small pox, kind pox, or lues venerea; and that suppuration or gangrene never take place, and when they do, they are of a spurious kind.

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Diagnosis, the disease which rheumatism most resembles is gout; and it is sometimes very difficult to distinguish them; but they differ in some respects. Acute rheumatism generally arises from some evident cause; but gout does not; the former is preceded by no antecedent complaint, and is gradual in its attack; the latter is preceded by gastric distress, and attacks suddenly. The limbs although swelled in rheumatism, do not present the shining appearance as in gout; rheumatism attacks the large joints, as the hip and knee; but gout attacks the small joints, as the toes; the former wanders about from one joint to another; but the latter is generally confined to one particular part: the former is also accompanied with continued fever; while the latter has periodical remissions. Prognosis, general perspiration, lateritious deposit of sediment in the urine, abatement of pain and fever, may be

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considered as favourable symptoms; but metastasis to the head, heart, stomach, or lungs, may be regarded as very unfavourable symptoms.

Various are the remedies which have been used at different times and in different parts of the world, for this painful affection; some of which, we will endeavour to point out, as best adapted to the cure of the disease, as it occurs in this section of the United States.

Acute rheumatism is always of an highly inflammatory character; and in the treatment of it, the whole antiphlogistic course must be entirely adopted.

In the first place, copious venesection is demanded; and it must be repeated again and again, untill vascular action is reduced. Professor Chapman says there is no substitute for the lan-

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ect. Cullen likewise agrees in the use of venesection to a certain degree; but at the same time says, some bounds should be set; for profuse bleeding occasions a slow recovery, and if not absolutely effectual, is ready to produce chronic rheumatism, and to avoid the debility which venesection produces, and to relieve the urgent symptom of pain, he recommends topical bleedings. Topical bleedings are invaluable remedies, but should never be used to the exclusion of general bleeding.

Chronic rheumatism is seldom or never the consequence of profuse bleeding, and where the chronic form has followed, it was rather owing to a deficiency, than to an excess of blood being taken from the patient. Dr Thomas says, that he had used the digitalis with much apparent advantage, in acute rheumatism,

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after one or two bleedings. Fordyce recommends peruvian bark, and says, it fixes the disease on some external part, and translates it from the internal parts.

Haygarth gives the antimonial powder and tartar emetic, to cleanse out the stomach and bowels; then without waiting for the abatement of inflammation or fever, he orders the bark: first in small doses, and gradually increases it; but if the bark should not agree with the patient, it is suspended, and the tartar emetic again prescribed. He, however, cautiously adds, that if doubts occur on any of these points, it will be advisable to have recourse to the lancet or leeches, or both.

As the disease occurs in this country, this or any other practice substituted for the lancet, will prove nugatory, or detrimental in the first or inflammatory stage of the disease.

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When the stomach is disordered, or when the disease originates in miasmatic districts and observes an intermittent type, great benefit will be derived from the exhibition of emetics: in such cases they were highly recommended by the late Professor Barton.

As the bowels are generally costive, the mercurial and saline purgatives should be used; they not only evacuate the intestines of their contents, but by lessening arterial action, at the same time moderate the inflammation. Purgatives, however, should not be prescribed frequently, as the motion necessary to purging occasions much pain, which almost counteracts their good effects.

Diaphoretics may be made to cooperate with the above remedies to great advantage, if judiciously prescribed: but they should never be used as long as much vascular action is present. In the first stage of

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the complaint, the mild diaphoretics, as ipecacuanha or tartar emetic, may be exhibited to great advantage: after the inflammation is reduced the more stimulating, as Dovers powders, may be given. Professor Chapman says, he can give his unbiased testimony in favour of this medicine; but it must be recollected, that Dovers powders are never admissible, as long as any febrile excitement remains, and when once begun, sweating must in obstinate cases be steadily maintained, on an average, not less than twenty four hours. If they operate slowly, their operation must be kept up, and promoted, by warm beverages and the vapour bath.

The *Eupatorium Perfoliatum*, has been much used in this stage of the disease, and it is said with advantage.

The *Aselepias Tuberosa*, has also been used,

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and it is said to produce its effects without increasing the force of the circulation, raising the temperature of the surface, or producing restlessness and inquietude.

The *Chiraphila Umbellata* is a domestic remedy, and was so highly esteemed at one time, as to obtain the name of rheumatism weed; but it does not appear to possess any power to entitle it to that appellation.

The Tincture of colchicum is a medicine of high repute in this disease, but requires great caution in its administration; if given in excess, it is said to produce prostration of strength, cold sweats, syncope, and even mania. The following is a good prescription.
Calced Magnesia grss. Sulphate Magnesia
ʒi. Vinous tincture colchicum ʒi. water sufficient to mix, and to be taken at one dose every four hours.

Whilst exhibiting these general remedies

we must not overlook the local applications.

Where there is much inflammation of the joints, the greatest advantage will be obtained from cups and leeches applied to the parts. The cold bath, clothes wet in cold water, or in a solution of nitrate of potash, with muriate of ammonia, have been used. The Russians apply snow or pounded ice to the affected parts, and they say with advantage. Cold applications to rheumatic joints, appear to be rather a doubtful remedy, as they most frequently determine the disease to some internal part, as the heart, stomach, or lungs. When metastasis has taken place to some vital part, a blister applied to the former seat of the disease, or sinapisms to the extremities, acting as counterirritants, will most generally prove highly beneficial, by bringing back and fixing the disease on the extremities.

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prove injurious in inflammation of the lungs or large joints, does not very clearly appear. Of its tendency at least in acute rheumatism to produce metastasis, and even to some vital part, there can be little doubt, and we must be governed accordingly in practice.

Benefit will be obtained from the following liniment, camphorated spirits ℥ij, aqua ammonia ℥ss, olive oil ℥ss, or camphorated spirits alone, or in combination with alcohol.

Ether has been recommended: but there is the same objection to it, as to the cold applications. Tulip, poplar leaves, is an excellent external remedy, when applied to inflamed joints.

The flannel roller has also been highly recommended in this disease; but in the acute stage, it almost always aggravates the disease, by the great heat and pain which it produces, and it appears better adapted to the phre-

nic form. To relieve the excruciating pain which is always attendant on acute rheumatism, opium and its preparations have been highly recommended; but as long as there is a full, hard, and strong pulse, with much fever, opium will aggravate the symptoms which it was intended to relieve.

There are cases, where the disease happens in irritable and debilitated systems, and is kept up more by irritation than inflammation; in such cases opium may be safely and advantageously administered.

Where the complaint proves very obstinate, and withstands every remedy, mercury given in small doses combined with opium to prevent it from running off by the bowels, will frequently, as soon as the mouth is slightly affected, entirely put an end to the complaint.

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after the stomach is evacuated of its contents the peruvian bark will prove very beneficial, if there is no inflammation; but it should never be given as long as inflammation exists.

Although the stomach is not much affected in rheumatism, strict attention must be paid to diet: all heating and stimulating articles are to be prohibited; for a full meal will frequently occasion a relapse, or aggravate the existing symptoms.

After the disease is cured, and the patient in a convalescent state, he sometimes feels weak and debilitated, from the great depletion which was necessary to subdue the inflammation; in such cases, the peruvian bark, quassia &c. will prove highly beneficial; at the same time the patient should have a nourishing, but not too stimulating diet.

The stiffness and tumefaction of the joints

after the stomach is evacuated of its contents
the previous food will have very little
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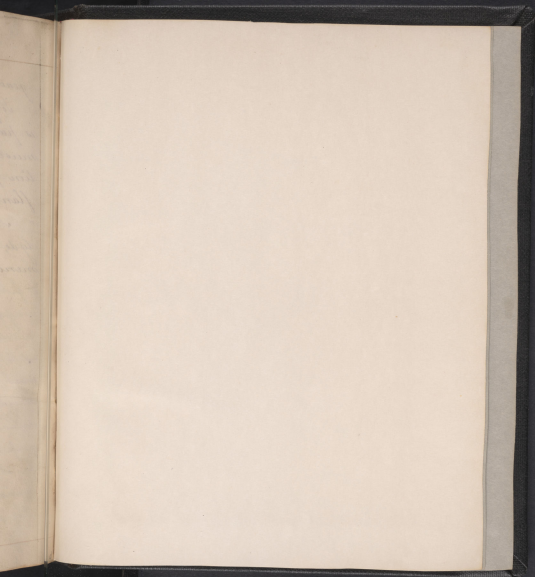
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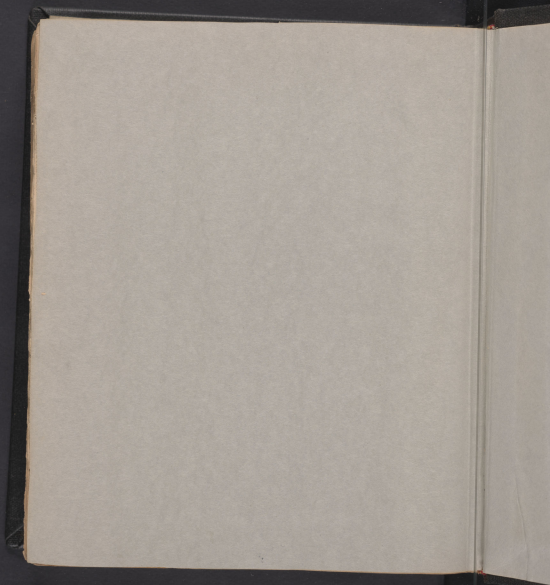
generally yield to exercise and friction.

To prevent a relapse, which the patient is particularly liable to, all the exciting causes must be strictly avoided, particular attention paid to clothing, and especially to wear flannel next the skin.

All these failing, which they frequently do, we must, as a dernier resource, recommend a warm climate.







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